# EVALUATION GRID

(To be customized according to the project. The criteria indicated are to be used by the evaluation committee.) This grid must be completed by each evaluator.

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| **Contract title:** | **Assessment of Oxygen Supply at Black Lion Specialised Hospital NICU Ward** | **Publication reference:** | 44/CUAMM/ETH/2025/AID12882 |

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| **Bid no.** | **Bidder's name** | **Rules of origin respected?** (additional guidance1) **(Yes/No)** | **Economic and financial capacity?**  **See table 2**  **(OK/a/b/…)** | **Professional capacity? (OK/a/b/…)** | **Technical capacity? (OyK/a/b/…)** | **Compliance with technical specifications? (OK/a/b/…)** | **Ancillary services as required? (OK/a/b/…/NA)** | **Other technical requirements in tender dossier? (Yes/No/Not applicable)** | **Technical compliance? (Yes/No)** | **Observations** |
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| **Evaluator's name & signature** |  |
| **Evaluator's name & signature** |  |
| **Evaluator's name & signature** |  |
| **Date** |  |

1 Applicable only to contracts financed by a basic act under the multiannual financial framework for the years 2014-2020 (above EUR 100 000 under CIR and independently of the value for other instruments

# EVALUATION CRITERIA

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| **Criteria** | **Maximum** |
| Attendance of office clarification meeting**(5)** and Site visit**(5)** | 10 |
| Category(10), Licenses(5) and Certifications(5) | 20 |
| Experience **(General(10) and specific(20))** | 30 |
| Equipment, Machines, tools and instruments capacity | 10 |
| Personnel capabilities | 20 |
| Chronogram **(5)** and work methodology**(5)** | 10 |
| **Overall total score** | **100** |

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| **Strengths** |  |
| **Weaknesses** |  |

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| **Evaluator's name** |  |
| **Evaluator's signature** |  |
| **Date** |  |